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TO THE PHYSICIAN'S NAME (TYPE OR BRIDE)	SPIT d by	112 (D 17) -	7	-						A	SS						
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Adia Devideon Pandace

	I DECEASED NAME FIRST	M	IDULE	L	AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	(TYPE OR PRINT) DORO	THY E.	BEDWELL			Nov. 16, 1987 /: 50 P
	3 SEX	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR II UNDER 24 HRS
and the same	Female	whit	e	0ct8	ber 27, 1914	73
	To BIRTHPLACE (STATE OF FOREIGN		VHAT COUNTRY?	8	D XXNEVER MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH
2	Maryland	USA		WIDOWE	D DIVORCED	Kent
)	Still Pond	At Home	Still Po	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWITE	
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUR Maryland Ker	OTHER INSTITUTION O NTY . t	GIVE RESIDENCE BEFORE A 134. CLTY OR JOWN Still Pond	DMISSION)	13d. INSIDE CITY LIMITS? YES XX NO	13e.STREET ADDRESS / ZIP CODE 2/667
A	4 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	
	Herman Cr	ew	1001		FIRST Hett	ie Crew
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17 INFORMANT	P.O. Box //7
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+	TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. LIFELIHER NOTHY MEDICAL EXAMINED AT WORK 270.1 certify that (1) (this hasp sow the deceased alive on above. (1) (and (did) (did) 27d. PHYSICIAN'S NAME (1) PE Harry Paul	HOUR A.A. P.A. 71e PLACE C (AT HOME SIRE 101) attended the	A. MONTH DAY A. DE INJURY EL FACTORY OFFICE FAR deceosed from	19 RM ETC) 7. or	211 LOCATION SINEET 19 d that in (my) contropinion of PHYSICIAN PHYSICIAN 22a ADDRESS	CITY OR TOWN COUNTY STATE . to
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 11/19/			EMETERY OR CREMATORY	133d LOCATION CHYORIOWN Still Pond, Maryland

J. Willis Wells Chestertown, Md. Willis Wells

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol,

MPORTANT: If Hem 21 is morked or Hem 18 show

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE NOV 30 187 STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 2a DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Blake Victoria 18 1987 Edna Nov. 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS MONTH DAY October 15.1909 78 Female Black TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kent County Maryland USA WIDOWED A HO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kent and Queen Anne's Hospital Chestertown Labor Various USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Calvert Street Kent Chestertown Maryland YES -NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Evelvn Lohn Comegys 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 3-18-4980 Mr. Romie Comegys Chestertown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for joi, (b), and (c) PART I. DEATH WAS CAUSED BY: PAILORG -IMMEDIATE CAUSE (0) Fic LEUKE MICH Conditions, if any, which gave rise to immediate couse (a), stating underlying cause last THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF NO M D 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on NOU above, (I) (was) (did) (add as) view the body after death. and that in (my) (bot) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 0 0 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS shauld b Chestertown . Maryland Harry Paul Ross M. D 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Chestertown . Md

F. D. Chestertown. Haddaway Chapel

20M 4/82

STATE OF MARYLAND

Robbins Lebeccon Fearle Cauc Out 11, 1996, 93 lllineis g Chestertown | Kent & Ouero Arme's of Livebana Look K. S. Sollie at Livebanad and the me sito maint year Jorean Non Carlos Artz NA MAR ONE-38-28EF Miller from Chesterious Apple District Like Street Like

Pellow, 2.0 has 270 Millimston, 400 2003 and 0.58 and 10.58

- martiff

07425,1 DEC-	FOR - STATE REGISTRAR - PORCEASED NAME FIRST	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO DATE OF DEATH MONTH DAY	O I G
oge 4 may br ector, page un after dear	Nett Female	Cauc.	th Clark 5. DATE OF BIRTH AUG 4, 1908 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF	987 7.50AM UNDER I YEAR OF UNDER 24 HRS NIHS DAYS HOURS MIN.
other death. P. de writing 72 to girlad glooce	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD 70. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		9. BALTIMORE CITY OR COUNTY OF Kent 12a. USUAL OCCUPATION (TYPE OF WORK FOIL MOST OF WORKING LIFE)	MD 12% KIND OF BUSINESS OR INDUSTRY Cosmetics
Fire Z4 fours Milled in by solid be full mand before	1 1 1	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZJP CODE Box 87 RD#1	21668
DRE MARY ecuted on per 1 and 2 dicolegament	FIRST Enoch 160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST	ROSA RITY NO. 17 INFORMANT	MIDDLE Cal	hall LAST
N ST. BALTIM Conference they abstract of they be propert. For	IB CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	ATE CAUSE (a)	cemia	rk (same)	APPROXIMATE INTERVAL SET WEEN ONSET AND DEATH
that the death that the death toy the attect rose remove a	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) CONSEQUE	y oract 1	ntechio	
SECORDS, 20 Tow requires To been signed e price to busy of	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		VERE FINDINGS USED NG CAUSES OF DEATH?
SIVISION OF VITAL RECORDS NO. PHYSICIAN. The low-regin attending physician. The this certificate has been as on the buriel-fromth permit. The th and Membel Hyguese price in a suked or freat 38 shows gary may	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	YES NO YES	
DIVISION ATTENDING Proposed or attention or attention or attention or attention or the of Health and of Health and 121 is marked.	22a I certify that (1) (this hasp saw the deceased alive a above, (1) (did n	Dital attended the deceased from 19 0 att view the body after death.	may 23 1979	city or Town 10 28 19. death occurred an the date and hour ar	8 that (h talast
HOSPITAL OR J	226. SIGNATURE	(16)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	12/1 V)
Add TO HOS	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		AME OF CEMETERY OR CREMATORY nurch Hill Cemeter	y Church Hill Q.	A. MD STATE

Gary Fellows, Box 270, Millington, MD 21651

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	100 20	2.3.	A* 13	11/2-	
10 (1) A	1 440	0.6	1.00 B)	12 0 0	813/612
OH .A.O.	ry (hereit Hill	Hill Cemeter	Charell	12/1/87	Eguf

Cery Vellown, Nox 270, Hillington, MD 21651

TO HOSPITAL

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

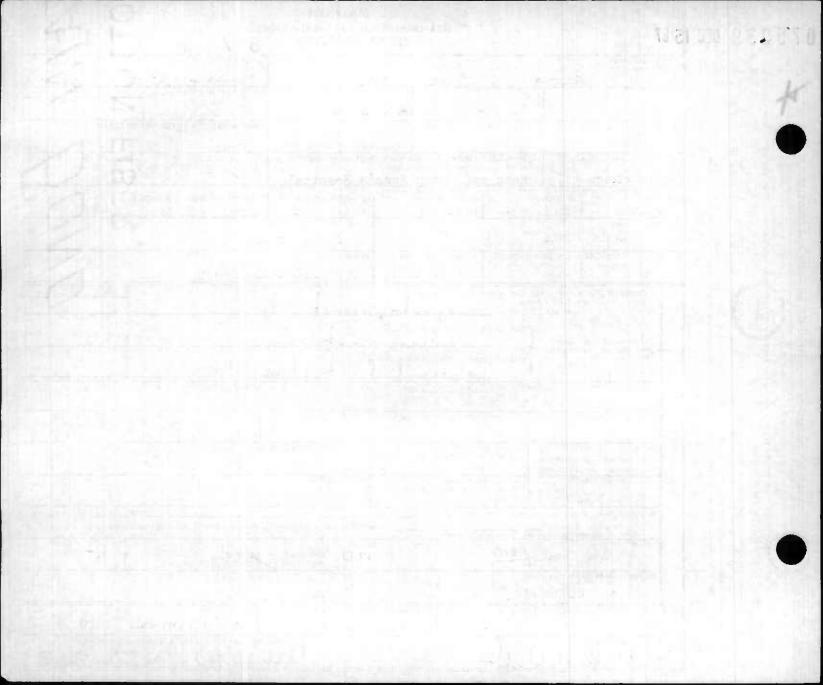
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	410	1	13	
REC	S. NO.	0	U	

	REGISTRAR				CEKTIF	ICATE OF DEA	VIII.	REG. N	0.4	9 9	
	CEASED NAME	FIRST	Α	WIDDLE	ı	AST		20. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
(1102	CORPRINT	George		Thomas	Co	1e		December	6 10	987	9.254
3. SEX	Х		RACE	211011100	S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	R FUNDER 24 HRS
	Male		white	e	Decem	ber 4, 1	902	85 Yrs	YRS	MONTHS DAYS	S HOURS MIN.
7a. BI	IRTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	DED T	BALTIMORE CITY		Y OF DEATH	
	faryland	· ·	USA		WIDOWE	DIVO	RCED 🗌	Kent	165		M
	estertown	ATH I	I F NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET and Queen	ADDRESS)			Cemetery C			OF BUSINESS OF
	AL RESIDENCE (# NUF	13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY		13e STREET ADDRESS	/ 7ID COL	ne .	1
	ryland	Queen		Crumpton			9x 1x		St.	21628	
	THER'S NAME FIRS Jake		#DDLE	LAST		15. MOTHER'S M Alic	e Hawk	E		U	AST .
	WAS DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRE	SS		
Company (no or unknown)	(IF YES, GIVE	WAR OR DATES	220 12 1	.551	Deceas	ed whi	lle living			
CERTIFICATION	Conditions, if ongove rise to imcouse (o), stotunderlying cous. PART 2 OTHER SIG. 19a DATE OF OPERA	y, which mediate ing the e lost.	DUE TO, OI (b) DUE TO, OI (c) DIDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE M Y 6 C S DITTIBUTING TO 1	ENCE OF DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VO} \) \(\text{VO} \)	20b. IF YI	ES, WERE FIND	INGS USED
MEDICAL CERT	210, ACCIDENT WAS UP OR CONTRIBUTING {IF EITHER NOTIFY MEE 21d INJURY OCCUI	CAUSE OF DEAT DICAL EXAMINER)	P. 21e PLACE	M. MONTH DA M.	19	21c. HOW INJUI	RY OCCURRE	CITY OR TO	RY IN ITEM 18		
	220. I certify that (sow the decea above, (I) (we) 22b. SIGNATURE	ORK I) (this hospite sed olive on_ (did) (did not)	wiew the body	19	, 01	DEGREE ATTI PHY	ENDING _	oth occurred on the department of the department	FF	our and from th	that (I) (we) lone couses stated TE SIGNED 7/87
	Michael BURIAL, CREMATION	Bienef	eld, N	4D 23c. t	NAME OF C	27e ADDRESS Chest	ertown	23d LOCATION			
	Biirial		12/9/8			Cemeter		Chesterto	wn, N	Md. 2162	20 STATE
24 FL	UNERAL DIRECTOR	lis Le	000			Wells	250. DATE	REC'D. BY REGISTRAR			ATURE



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Ž Ž	3 SEX	Male		amin C	10000	rd, Jr.	20. DATE OF DEATH NOVELL 6. AGE (IN YEARS LAST BIRTH	ber 26,		W		
Y	3 SEX	Male	1. RACE	amin C	_					W		
Y	7a BII	Male			5. DATE C	E RIDTH	ACE INTURACTION BIDTH	DAM IF I IN	0501	of Uniford Aurora		
7	cc		Negr				AGE (INTEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS		
7	cc	RTHPLACE ISTATE OR FOREIGN	MEGI	ro	Jui	ne 6, 1930	57	YRS	15 DAYS	HOURS MIN		
1		DUNTRY)	b. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH			
1	10 CI	North Carolina		JSA	WIDOWE	D DNORCED	Kent			MD.		
	Ch	restertown	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	t Gardens	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Labored		NDUSTRY	PF BUSINESS OR		
4	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN KET	TY	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Calvert Street					
		THER'S NAME FIRST A	Cre	wford, S	r.	Susie	WIDDLE	Dixe	n IAS	т		
1	16a V	VAS DECEASED EVER IN U.S. AR	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS					
1	(1)	Yes (IF YES, GIVE	war or dates)	239-38-1	523	Ovella Wilso	on Crawford	(same)				
ŀ		18 CAUSE OF DEATH (Enter on	v one couse per	line for (o), (b), one	d (c).)				BETWEEN	MATE INTERVAL		
1	44	PART I. DE ATH WAS CAUSE	BY:			· annest						
ч		IMMEDIAT		respire	0	MILES		10/11/11	1			
1			DUE TO, O	R AS A CONSEQUE	NCE OF	19						
П		Conditions, if ony, which gove rise to immediate	(b)_	metest	-atic	lung corci	noma	-				
1		couse (o), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF	O		0.00				
1		underlying couse lost	(0)_									
1		PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN I	V PART 10	0,		
	CERTIFICATION					ed a village ov						
7	CAT	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO			
	TIF		8 3755				YES NO					
7	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O		History	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY					
1	AL	OR CONTRIBUTING CAUSE OF DEA	H		AY YEAR							
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF IN HIRY	19	211 LOCATION						
1	ME	WHILE TO NOT WHILE TO		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	4 (OUNTY	STATE		
		AT WORK										
		220 I certify that (I) (this haspit sow the deceased alive on					, †D			that (I) (we) last		
		obove, (I) (we) (did) (did not) view the body	ofter deoth.		nd that in (my) (our) opinion d	leath occurred on the do	te and hour and				
	- 1	226 SIGNATURE	-11	70		DEGREE	benien stat		22c DATE	SIGNED		
1		~	4	1		ATTENDING PHYSICIAN	MEDICAL STAF		12-1	-87		
	10	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS			11111			
71		D. W	1.4		Medical Bldg. Chestertown, MD 21620					0		
		Dr. Bienenfe	La	Value and the		HEGICAL DIG	g. Onescere.	JWII,III	2102	.0		
	23a B	BURIAL, CREMATION, REMOVAL	236. DATE 12/1/			EMETERY OR CREMATORY ville Cemeter	23d. LOCATION			MD TE		

DHMH-16 60M 1/73

(VR A 15 (4))

74 FUNERAL DIRECTOR
SAME
Gary Fellows, P.O. Box 270, Millington, MD 21651

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3216	NOV	27	STATE DEGISTRAR				CERTIF	ICATE OF DEAT	TH	8 7 REG. NO	3 6	0 5	1	
			CEASED NAME	FIRST		WIDDLE		AST		20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	p
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po ber d		3. SE	X		RACE		5. DATE C	OF BIRTH		AGE IN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER 24 HRS	_
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er de	P	10 C	ITY OR TOWN OF DE		I. NAME C	F HOSPITAL, NURS	ING HOME C		TION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
of the led	E7	C	nesterto	wn 🦸	The Kent & Queen Annes Hospit				tal, Inc. Supt. Railroad					
in b	Pe		AL RESIDENCE LIF NUI	SING HOME OR C	THER INSTITUTE	ON GIVE RESIDENCE BEFO	RE ADMISSION)	ADMISSION)				L Kall	road	-
24 See	2			-				13d. INSIDE CITY LI	LIMITS?	3e STREET ADDRESS /	ZIP CODE		9999	1
£ 139) Jei		rginia THER'S NAME	Faugu	ler	Uppervi	lle_	15. MOTHER'S MA		E			11/1/	-
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exec	9		YES, NO OR UNKNOWN)		WAR OR DATES			I INTORMAINT		ADDRES	,5			
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deo ove	000		Conditions, if on		(b),	Hupero	SMO	lar no	WRO-	Fotic co	MICE	10	013	
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thot d by eose	r of		underlying cous	e lost	(c)	Diab	2000	Rielli	tres			Mec	215	
gned n pl	ny, o		PART 2 OTHER SIG	NIFICANT CO	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO 1	THE TERMIN	AL DISEASE OR COND	ITION GIVE	N IN PART TIE	0	
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ow per	ong ony	CATION	190 DATE OF OPERA	NOITA	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDIN		_
he l	So Se	正	A. Australia							YES NO	YES		NO [
N. T.	Hyg 18 st	CERT	210. ACCIDENT WAS UN		1.0.10	OF INJURY A.M. MONTH I	NAV VEAD	21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART 2)		
ICIA B pt ertificiol-ti	of E	AL	OR CONTRIBUTING		HOUR	P.M.	19							
HYS Iding	W P	MEDICAL	214 INJURY OCCUP			E OF INJURY		211 LOCATION				COUNTY	STATE	-
G P	ked	2	WHILE NOT W	HILE	JAT HOME.	STREET FACTORY, OFFICE	, FARM, ETC)	STREET		CITY OR TOW	2	COUNTY	STATE	
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TEN TOR	21 is		saw the deceo	sed olive on_	11	20 19	-	nd that in (my) (our)) opinion de	oth occurred on the dot	te and hour			
hosp REC	e a		obove, (I) (we)	(did) (did not)	view the bo	dy ofter death.		DEGREE				22c DATE	SIGNED	-
the toch	# # D			-	neen	an		// ATTEN	NDING	MEDICAL STAFF		11/	23/8	-
by by ERA	N N		226 PHYSICIAN'S N	AME (TYPE OR		70000		1220 ADDRESS	SICIAN [].	TRECTOR PHYSICI	ANL	1 201	0010	
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-			SURIAL, CREMATION	, REMOVAL	236 DATE			EMETERY OR CREM	MATORY	23d LOCATION		COUNTY	STATE	
BP	-	24 5	Burial		11-2		Ivy Hi		Tor	Uppervi	lla.V	a. Far	uquier	_
DHMH - 16 60		24. FU	INERAY DIRECTOR	M	0	Royston		1 Home	250 NOV	25 1087 P	Sh TEGESTR	ARE IGNAT	Parket	
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BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

/	Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
	ED	214. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		CITY OF TOWN	COUNTY STATE			
	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC)	SINEEL		CHY ON TOWN	31/11			
		22e.1 certify that (I) (this hospital) sow the deceased alive on	12/27	/				hour and from the couses stated			
		abave, (1) (we) (did) (did nat) vi 22b. SIGNATURE	ew the/bady after death.		DEGREE			22c. DATE SIGNED			
		MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
A.		22d. PHYSICIAN'S NAME (TYPE OR PRI	NT)		22e ADDRESS						
		Micheal Bi	'evenfel	'd	CHEST	ERTOWN	143.	21620.			
	23a B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF C	EMETERY OR CREA	MATORY 23d	LOCATION				
	C	REMATION	12/28/87	SILVER	BROOK C	KEMATORY	WILMINET	ON DE			
	24 54	Janus V. Will	- A Cen	ESTERT	PM MM	250. DATE REC'D.		GISTRAR'S SIGNATURE			
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

12b. KIND OF BUSINESS OR

21620

EDALIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

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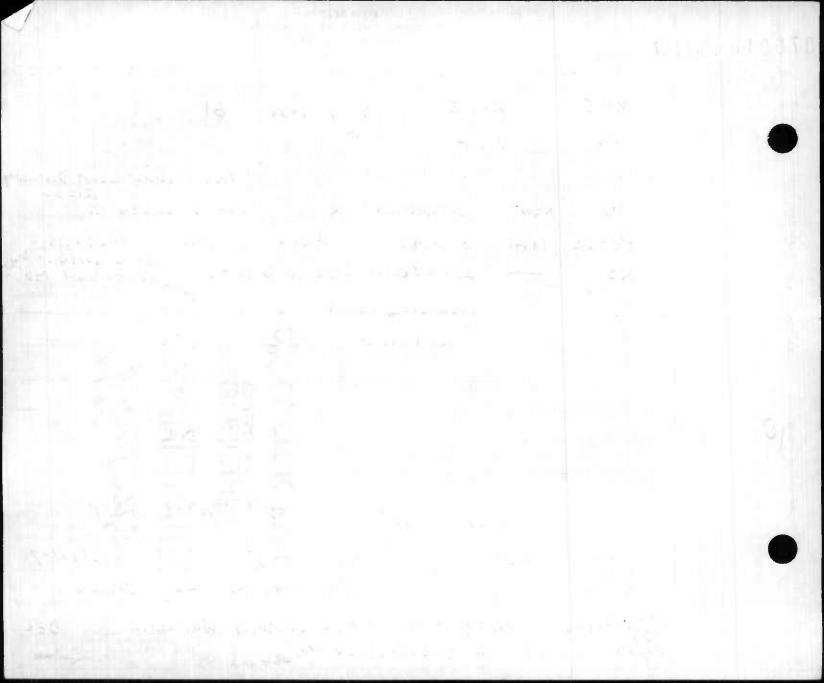
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NTH	DAY	YEAR	1 2h	HOL

88	- STATE REGISTRAR			CERTI	FICATE OF DEATH	8 / .	REG. NO.	0	e also	4
1. DE	CEASED NAME FIRST	A	MIDDLE		LAST	20. DATE OF DE		DAY	YEAR 76 H	IOUR
TTYP	E OR PRINT)	iam Hil	Green			Decemb	per 26,	1987	1.	10 a M
3. 56		4 RACE	2 010011		OF BIRTH	6 AGE (IN YEARS		IF UNDER	RIYEAR IFUN	IDER 24 HRS
1	Male	Whi	te	Jun		75	VA	MONTHS	DATS HOU	R5 MIN
70 B	SIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	9		9 BALTIMORE	CITY OR COUN		ATH	
7	Maryland	U.S	. A .	WIDOW	ED NEVER MARRIED	Kent (County			MD
70 0	TITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCC	CUPATION	12b	KIND OF BUS	INESS OR
1	Chestertown		HEACILITY, GIVE STREET			Mayvol a	and Sta			reti re
	JAL RESIDENCE (# NURSING HOME O STATE 1136 COU	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)						200220
3		n Annes	Church		136 INSIDE CITY LIMITS?	Rt. 1			2162	3
_	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME				
U	Harry Hill	reen	LAST		Anna Bui	rton Covi	ington		LAST	
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		190	13
	(YES NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)	217-30-8	3675A	James Malone	ev. 1357	Price	St.	Cheste	
	18 CAUSE OF DEATH (Enter o	aly one couse per			T COLLOS MALON	3, 221			APPROXIMATE IN	
	PART I DEATH WAS CAUSE	D BY	Clark					- 00	CI WEEK ONSET?	KIND DEATH
	IMMEDIA									
	Conditions, if any, which									
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying couse last.	DUE TO, OF	AS A CONSEQUE	ENCE OF						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
z	01. 5 1.5	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OF		given in p	ART 110	
1 8	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH	COPPOSIO	ON WAS PERFORMED	200 AUTOPS			FINDINGSU	ISED
CERTIFICATION	THE DATE OF GREATION	170 CONDI	HOIVI OR WHICH	OFERATIO	DIA MASTERI ORMED		IN CER	RTIFYING	AUSES OF DE	EATH?
- 2	710 ACCIDENT WAS UNDERLYING [7 21b. TIME O	EINTHIDV		21¢ HOW INJURY OCCUR			YES 🗌		
	OR CONTRIBUTING CAUSE OF DE		M. MONTH D.	AY YEAR	THE HOW INJURY OCCUR	KED TENTER NATURE	OF INJURY IN ITEM	18 PART LORF	PART Z)	
S	(IF EITHER NOTIFY MEDICAL EXAMINE			19						
MEDICAL	71d INJURY OCCURRED	21e PLACE (OF INJURY BET FACTORY OFFICE F	ARM ETC)	21f LOCATION STREET CITY OR TOWN				PINTY	STATE
1	AT WORK NOT WHILE AT WORK									
	220.1 certify that (1) (this hasp	1 1 1-		200	14/ 1987	, to	1/26	_ 19_5	2, that (II (we) lost
	saw the deceased alive or above, (1) (we) (did) (did no	t) view the body		5/1.0	ind that in (my) (aur) opinion	death accurred or	the date and l	hour and fr	om the causes	s stoted
10	276. SIGNATURE	0		-	DEGREE			220	DATE SIGN	ED
	x //(-W	un			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [
	274 PHYSICIAN'S NAME (TYPE	OR PRINT)			77e ADDRESS					
	Kim K. Wun	. M.D.			216 High	Street.	Chester	town.	MD 2	1620
23a.	BURIAL, CREMATION, REMOVAL		73 t. 1	NAME OF (CEMETERY OR CREMATORY	23d LOCATIO				
	(SPECIFY) Burial	12/29/	87 CI	heste	rfield Cemeter	Cen-	trevill	COUNT	D.A	MD
24 F	UNERAL DIRECTOR	1-/-2/	1 0	20000		E REC'D. BY REGI		GISTRAR'S S	IGNATURE.	TID.
Thorn	Helfenbein Fur	anol Uan	ADDRESS Chama	h Hill	I I A A	2 PM 1/4/10.	2 Julia	Devido	w-Nonda	
P. OT	" HETT CITOCITI LM	TOT TOT	ne o Ottor.	AL IIII	TTO THE CHARMING		4 /1			

DHMH - 16 60M 7/84 (VRA 15, 4)

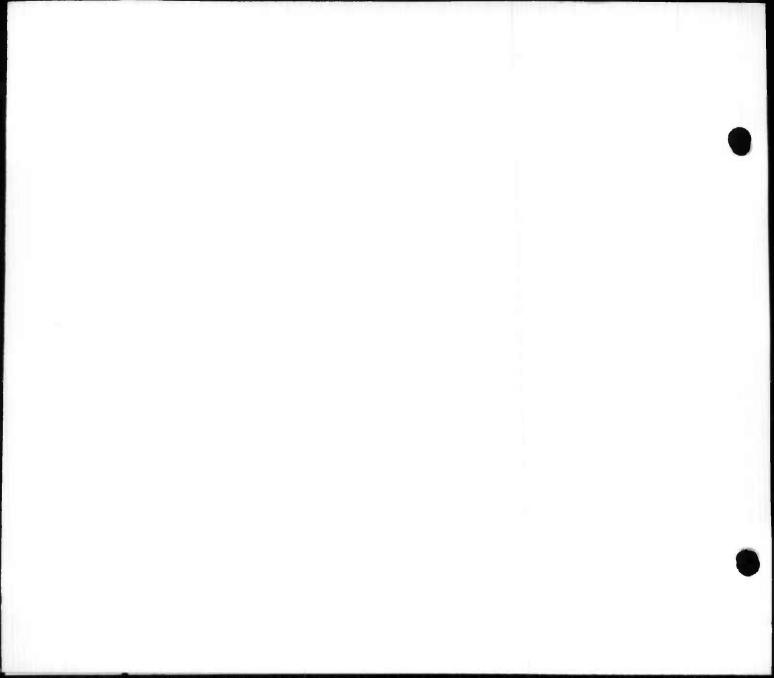
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89 8-1410 a 01:1 13-21 125 280 20 80 perture - attended of our best speed Capital A-Ca are in the part of the county county and process of the county of the cou 10 - En la Carle C tite K. Nur, J.I. 276, A. Bulset, Chery Wan, ED 27620

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Commission summer tone, denient 1111, up 21631AH B BBC 16th Delegation

STATE OF MARYLAND 1-36024 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH T DECTASES VIAME A DATE KNOWN IN MONTE OF THE 17179 10 75 101 Of E511 DEATH MAISO 12-16-88 AGE IN MALE IF UNDER 1 YE IN UNDER 24 HRS 7 DATE MONTH DAY TEAR FRUNQUATEL March 3 1955 32 YKS Male White 12-10-87 TO ETTE OF WHAT CO NEED BALTHADER LITY OR COMPLY OF DEATH To BURE OF ACE MATERIA MARKEL I MIVERNE ER 1979 Kent County WEDGING CONDECTE PLANT OF MOTO TO PERSONAL PROMET THE PERSONAL PROPERTY OF THE PERSONAL CONTRACTOR OF BUSINESS OR S INV Galena Md. Hd. 313 - US 301 nr. Galena, Mt. | Custodian - Balty. Co. 4 1,4 the size of the first by the size of the s N. SPEAN The second of th Mile y Tricac v 41; 49 f (16)6 1 THE SOCIAL OF MARKET " SACEL " 217-84-1938 Frank we want to the later of t Multiple Injura 1 000 to OF A. 421, 3100 ... 434 THE LURAYA OF THE WILL ! THE WALL THE OF THE OF THE POST AND THE TOTAL THE TENTON OF THE STEEL AND THE STEEL AN The state of the s IXI (No.ET THE NEW A SERVICE TO S eogyani of ampior of trace streets marables Western Lands of Walk ECONTRACTOR) Stage Fall of 14: 113 - 115 30: 15 0 m. K -11,5 2006. 11: 1500 TAME THE SECTION OF T a mil allyHill cowerry 14 FUHERALDER Drivin 7 VP 415 ME 5.1 Cornel by Superior and Back and a second



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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 8

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	3	0	U	The same	401
REC	3. NO.				

3. SEX	Male	4 RACE				Tr.) DE BIRTH 23, DAY 1924 YEAR	Nov. 25, & AGE IIN YEARS LAST BIR	THDAY	IF UNDER I YEAR	9:30 IF UNDER 24 HA
Q.	RTHPLACE ISTATEOR	lary1a	b. CITIZEN OF	F WHAT COUNTRY?			BALTIMORE CITY C	•		
Che	ty or town of DE.		Kent &	chfacility, give street al & Queen An	ne Ho	OSD.	Tarm Labor	F WORKING L		F BUSINESS (
13a. S	IL RESIDENCE (IF NUR TATE Iryland	13b COUN Kent	TY	136 CITY OR TOWN Kennedyvi	1	13d INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS RFD	ZIP COD	^{DE} 2164	5
16	THER'S NAME FIRST Palmer K VAS DECEASED EVER	. Hemm		(Sr.)	DITY NO	Susie Cole	eman	FSS	LAS	.T
	ES. NO OR UNKNOWN)		WAR OR DATES)	168 24 06		Jeanne Hemmon	47 West ns Haverto	HillC wn, P	rest enna	
	PART I. DEATH V Conditions, if ony gove rise to im couse (b), staff underlying couse	MAS CAUSED IMMEDIATI IMMEDIATI Immediate Im	DUE TO, C	ASHD R AS A CONSEQUENT R AS A CONSEQUENT R AS A CONSEQUENT	NCE OF				4 yr	MATE INTERVAL ONSET AND DEA
z	PART 2. OTHER SIG	NIFICANTO	onditions <u>c</u>	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
IFICATIO	190 DATE OF OPERA	VIION	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	OF DEATH?
CERTIFIC	190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY, MED	DERLYING CAUSE OF DEA	21b TIME C			N WAS PERFORMED	YES NO	IN CERTI	IFYING CAUSES ES	
CAL	210. ACCIDENT WAS UN	HOERLYING CAUSE OF DEAL OIC AL EXAMINER) RRED	216 TIME C HOUR A P	OF INJURY .M. MONTH DA	Y YEAR		YES NO	IN CERTI Y	IFYING CAUSES ES	OF DEATH?
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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073486 DEC	ار	TATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO	3 6 0	2 6	
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH A	AONTH DAY YE	AR 26 HOUR AM	
may be page 3 er death		Str	ing.	ing. Andrew Henry			11-24-8	7	3:55		
				4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS	
ge 4 rectar	Male	Male		Negro		gust 12, 192!	62	YRS	MIN.		
nerol di		RTHPLACE (STATE OR COUNTRY)	FOREIGN	TICA			NEVER MARRIED DIVORCED	BALTIMORE CITY OR Kent	9 BALTIMORE CITY OR COUNTY OF DEATH		
with with	10 C	TY OR TOWN OF DEA	ATH		HOSPITAL, NI		OR OTHER INSTITUTION	120. USUAL OCCUPATIO		ND OF BUSINESS OR	
by the		hestertw	on l				e's Co. Ho			onstruction	
A hour	U50.	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT MD Ken		OTHER INSTITUTION	13c. CITY OR	BEFORE ADMISSION		Rt.5 Box 18	ZIP CODE		
WI TO A TO A	14_FA	THER'S NAME					15. MOTHER'S MAIDEN N	AME			
WAR (TOAK)	1	rthur	^	T	Strve	kning	Naomi	MIDDLE	Cau	lk	
H I NAME		VAS DECEASED EVER				SECURITY NO.	17. INFORMANT	ADDRES			
OW TO THE TOTAL OW	(N/A	N/	A WAR OR DATES)	218-1	6-9402	Mildred St	yckning (sam	e)		
SECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 low requires that the death certificate secretary thing 4 hours is been signed by the attending physical secretary. Then please remove carbon death is perior to buriol, cremation, ar removal is sony injury, or other troumatic event in measure.	CERTIFICATION	Canditions, if any gove rise to improve cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	which mediate last	DUE TO, (c) ONDITIONS	DRAS A CONS	SEQUENCE OF CIN U SEQUENCE OF N U M	MATOJL T NOT RELATED TO THE TER	MINAL DISEASE OR COND	MOUITION GIVEN IN PAI	NDINGS USED	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requiretoined by the hospital or attending physicion. TO FUNERAL DIRECTOR, After this certificate has been signally be detached for use as the burial-transit permit. Then with the State Dept of Health and Mental Hygiene prior to b IMPORTANT; If them 21 is marked or Item 18 shows any injury	MEDICAL CERTIF	218 ACCIDENT WAS UNI OR COMTRIBUTING (IF EITHER, NOTHY MEDI 21d INJURY OCCUR AT WORK NOTW AT WORK NOT WHE Saw the deceas above, (I). 22a 1 certify that (I) Saw the deceas above, (I).	CAUSE OF DEAT CALEXAMINER) RED HILE (the hospited of the hospi	HOUR A P 21e PLACE (AT HOME S'	P.M. OF INJURY IREET, FACTORY, O	FFICE FARM, ETC.)	211 LOCATION STREET	PES NO RRED (ENTER NATURE OF INJURY CITY OR TOW n death accurred an the dat MEDICAL STAFF DIRECTOR PHYSICI.	N COUNT	ry STATE	
O HOSI		6- 1.		11	3	- m	1 CRS	RIDIN	1110	2/020	
CORPORED CHEMICAL CHE							CEMETERY OR CREMATORY	CITY OF TOWN	Q.A.OUNTY	STATE	
BP		Burial		NOV.	28/1987	Mt.Ple	asant Cemete:	,		MD	
DHMH - 16 60M 7/84		JNERAL DIRECTOR	12/11	_	ADD	RESS		ATE REC'D. BY REGISTRAR 2			
(VRA 15, 4)	GE	ry Fellow	s,P.O.	Box 27	U,Milli	ngton,	D 51921	OV 30 1987 I	Julia Davida	W. Kerama	

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to tox 180 Mersee	3F	Chestertown	201
mO Con	imosii	Stryckning	T
uing (same)	to the second	215-16-9402	A)
		Sommer S	
	ALL BY AVA	Adding.	

Nov. 28/1987 Mr. Pleasent Cenebery

Cary Fellows, P.O. Box 270, Millington, MD 21651.

Pepulsown

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DHMH - 17 (VR A15 ME (5))

(SPECEY) 'ial

EXAMINER'S NAME

(TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL ZIA DATE 12/14/87

Margarita A. Korell, M.D.

23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith Cemetery

23d LOCATION Baltimore, Md.

111 Penn STreet

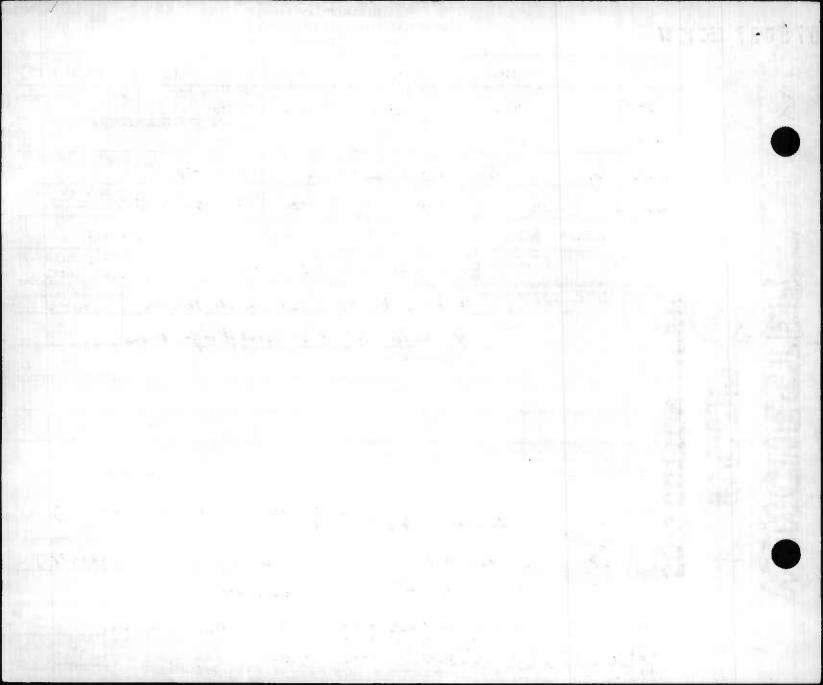
STATE

25h REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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5097 DEC 15	87	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 7 REG. N	3 6	0 4	i o
moy be poge 3		CEASED NAME OR PRINT)	FIRST	AMANDA	L.	IST	AST	20 DATE OF DEATH	MONTH 12	DAY YEAR	Prof. 1 Am
softer do	3 SEX FEMALE			4 RACE S. DATE OF MONTH				6 AGE (IN YEARS LAST BE	YRS.	MONTHS DAY	
nerol dire		RTHPLACE (STATE ORF	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	MD.
s ofter de by the funded of withing do	10 City or town of Death Chestertown			11. NAME OF IN SUC At Hor	HOSPITAL, NURSING FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (IYPE OF WORK FOR MOST C Law Librar	ION OF WORKING L ian	126 KIND INDUSTR	OF BUSINESS OR
24 hours	13a S	AL RESIDENCE (IF NURSI TATE Tryland	13b COUN Ken	VIA	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Chester	N	13d INSIDE CITY LIMITS?	RFD Coun	/ ZIP COD	Water lub	view Lane 21620
mpletely end 2 sh	14. FA	THER'S NAME FIRST Robe	ert S	Solts	LAST		15. MOTHER'S MAIDEN NA/ FIRST Emma	1110015		Don't 1	know
Poges 1	No.	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 174 32 51	Walter G. Lis				y Drive ylvania	
that the death certificate d by the officer and corporational color color and color and color and color trains or other trains.		PART I DEATH W Conditions, if any, gove rise to imm cause (a), statin underlying cause	AS CAUSE IMMEDIAT which nediate g the	DUE TO, O	R AS MCONSEQUE	ence of	otic Cardio	ros culos Dr.	chin		DAMARE INTERVAL IN ONSET AND DEATH DY MIKS
e low requires in. hos been signe permit. Then p me prior to bur ws.	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. HF YE	S, WERE FIND	
PHYSICIAN: The ending physicio this certificate he build-transit and Mental Hygie d or frem 18 shared	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	P. PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF INJU		PART 1 OR PART 2	STATE
TTENDING pital or oth TOR. After for use as th of Health or	*	WHILE NOT WHAT WORK 22a certify that (I) sow the decease above, (I) we) (decease)	(this hospi	41.		87. or	Muscle 28, 19 80 and that in (my)(our) opinion	deoth occurred on the d	16 late and ho	19.8-7 ur and from th	_, that(1) (we) last he couses stated
OSPITAL OR AT: ned by the hosp FUNERAL DIRECT ald be detoched it the Stote Dept o ORTANT: if them 2		226. SIGNATURE	Sim	KRo	o in D		DEGREE ATTENDING PHYSICIAN ©	MEDICAL STA DIRECTOR PHYSI	LFF CIAN []	220 DA	TE SIGNED
TO HOSPITAL Cretained by the TO FUNERAL Established be deton with the Sfore ElmPORTANT: If	23n F	SURIAL, CREMATION,	45 A	NK.	R035 h		Chestertown EMETERY OR CREMATORY	, Maryland	1		
BP	Cr	emation	NEMOVAL		1, 1987	Silver	brook Cremato	CITY OF TOWN			STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JAE ALDIRECTOR	Phin	100	ATMOSTER		s Wells PA	1 4 1987			Kandall



Transfer of the second	STATE
377 142 JAN -5188 STATE	DEPARTMENT OF HEA
JIII TOUSTALE	CERTIFIC

OF MARYLAND ALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

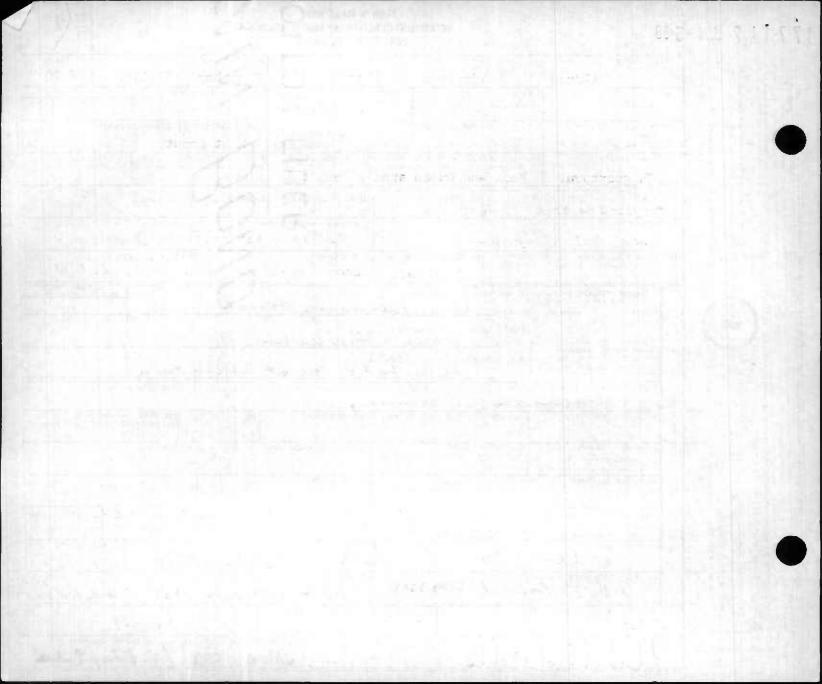
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	REG. NO.				

		REGISTRAR		CERTIFI	CAIL OI DEAL	***	REG. N	0.			
9		CEASED NAME FIRST	MIDDLE	LA	ST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
	TYPE	Mildred	Virginia	1.	loyd		December	23,1	987	6:20 A	
-	3. SEX	Female	4. RACE S. DATE Sept.		F BIRTH 17, D1 917 YEAR		AGE LIN YEARS LAST BIR	MONTHS DAYS	FUNDER 24 HRS HOURS MIN.		
2	. C	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWEI	NEVER MARRI	IED 📙	Kent Cou		Y OF DEATH	MD	
		Chestertown,	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI Kent and Queen	G HOME O	R OTHER INSTITUTI		120 USUAL OCCUPATI ITYPE OF WORK FOR MOST C Homemaker			F BUSINESS OR	
- 60	33a. S	Maryland Ken	1 1 11 11	١ ا	138. INSIDE CITY LI		3e.STREET ADDRESS	ZIP COD	e 2	1661	
	14 FA	James Walter	Reynolds LAST		15. MOTHER'S MAI		MKKRXXXXI		ERSPAW LAS		
	17	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR (E WAR OR DATES) 218 20 54		17. INFORMANT Laura Le	e Nes	ADDRE Sspor Rock		Box # 4		
		DUE TO, OR AS A CONSEQUENCE OF couse io), storing the underlying couse last. CAUSE OF DEATH (Enter only one couse per line for to), (b), and ici.) PART I. DEATH WAS CAUSED BY: Candico Pulmore any Arrest Canditions, if ony, which gove rise to immediate couse io), storing the underlying couse last. CAUSE OF DEATH (Enter only one couse per line for to), (b), and ici.) Candition of the part of the property of the part of the property of the part of									
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL					MINAL DISEASE OR CONDITION GIVEN IN PART 1/0				
1	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH C			WAS PERFORMED		YES NO		WERE FINDINGS USED YING CAUSES OF DEATH?		
人	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 216. IN JURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I ORPART 2)		
	MEC	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
		sow the deceosed olive on obove, (I) (we) (did) (did no	atol) oftended the deceosed from	\$ 7 , on	20 , 19 d that in (my) (our)	opinion de	to Dec 2	ote and ha	ur and from the		
		228. SIGNATURE DEGREE W. S. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							12/2 12/2	3/87	
		VO lin C. 1	Inalel Thom	и.в.	209	CA		tre	Ches he	1020 M	
	B	Burial, Cremation, Removal Urial	12/26/87 Ch	ester	METERY OR CREM	У	Chesterto			STATE	
	24 FL	UNERAL DIRECTOR	ADDRESS	lis W terto	ells wn,Md.	JAN	REC'D. BY REGISTRAR	25b. REGIS	2 4	A	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or TO FUNERAL DIRECTOR: After this certificate has been signed by



executed within 24

death certificate be

requires that the

OR ATTENDING PHYSICIAN: The law

titled by the hospital or attending physician

physician

ID FILINERAL DIRECTOR. After this certificate has been signed by the attending physicial towards to use as the burial-transit permit. Then please remove carbon papers on the attended for use as the burial-transit permit. Then please remove carbon papers are to burial, cremation, ar removal. APOSTANT: If Nem 21 is marked at 18 shows any injury, at other traumatic event, th

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FOR

DEC

rectar, page 3 urs after death

STATE OF MARYLAND

DEPARTMENT-OF HEALTH AND MENTAL HYGIENE

0	FEGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.	
	CEASED NAME FIRST	MIDDIE	LAST	20. DATE OF DEATH MON	
Time	CRIS	Ernest	Merritt	December	4,1987 12:55 P.
3 SE	Male	4 RACE	5. DATE OF BIRTH	6. AGE I IN YEARS LAST BIRTHDA	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
7a B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIE	9. BALTIMORE CITY OR C	DUNTY OF DEATH
	Cenna	HIS,A.	WIDOWED DIVORCE	□ Kent County	MD
1	Chestertown,	I IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION (ET ADDRESS) Anne's Hospita	(TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 126 KIND OF BUSINESS OR LIVESTRY LOT GR
USU 1377S	ANRESIDENCE III NURSING HOME OF	ROTHER INSTITUTION GIVE MESITING			CODE 19978
14 F/	Carl Carl	MIDDLE Merric	15. MOTHER'S MAIL Augustian	nett Brown	ux merritt
lbs V	NA DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC WAR OF DIES! 178-16	562 Ruco	M. Merrett-	Caylon Do
	PART I. DEATH WAS CAUSE	nly one cause per line for (a), jb), a ED BY: TE CAUSE (b)	ogenic Sho	ch: Pulmon	dustlan 12 land
		DUE TO, OR AS A CONSEQU	UBNCE OF		0
	Canditions, if any, which	(b)			
	couse (a), stating the underlying cause last.	DUE TO, OR S A CONSEOU	DENCEOF Coroney	arter De	seem years
NOI	Emphysons	: Prior May	andial on	E TERMINAL DISPASE OR CONDITI	Inhete Millel
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PROPERTY OF	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2]
MEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19		
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	(, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	- 75	nital) attended the deceased from	11/28 19.	87.10_12/	7. 19 7, tho (1) (we) lost
	saw the deceased alive or above, (1) (we) (did) (did no	ot) view the body after death.	82 and that in (my) (aur)	opinion death accurred on the date	and have and from the causes stated
	22b. SIGNATURE	91	DEGREE	SALE MEDICAL STAFF	22c. DATE SIGNED
	Deorger	n you	MD ATTENE	DING MEDICAL STAFF	0 12/4/87
	22d PHYSICIAN SNIME (TYPE	DR PRIMI	22e ADDRESS	CHEST	RTOWN
22- 1	OF ORGE	1001	76 TENT	+ QUEEN A	NIVES MOSP
230	BURIAD CREMATION, REMOVAL	1236 DATE 236	NAME OF CEMETERY OR CREMA	C TOTOLOGIC	May & mend

DHMH - 16 60M 7/B4 (VRA 15, 4)

250. DATE REC'D. BY LEGISHRAN ISBNIE 15 VAIL NIE 1994.

C p & r g wester that I was a to the color of the PLANT MEET MEATHER THE STATE OF THE PARTY OF The state of the s THE PERSON OF THE PROPERTY OF THE PARTY OF T Contraction - work, I then with the parties of the desired weenly interest march march Emphysical Marie of grandial and a for the mountain butter BEACE AS TOURS THEN A CHEEK ASTREET

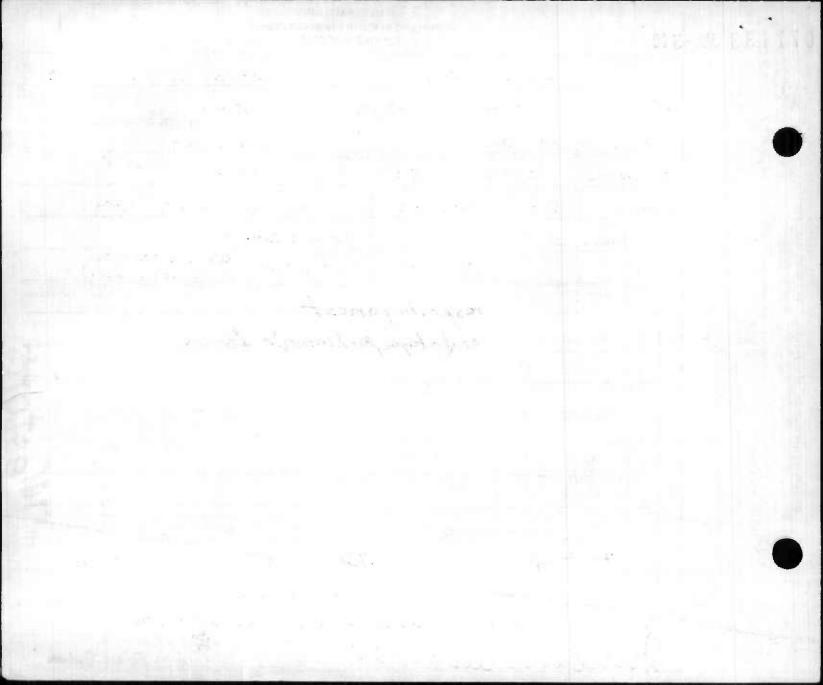
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DHMH - 16 60M 7/84 (VRA 15, 4)

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DEP	ART	MEN	TF	OF	HE	AL'	TH	AND	MEN

-	5 ¹ 8	FOR CSTATE CREGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 REG. NO	3 5 0	3	1			
Ì		CEASED NAME FIRST	MIDD	l E	1	AST	20 DATE OF DEATH	MONTH OAY	YEAR	26 HOUR D			
ł	(,,,,,	C.	C. Leonard MYERS					December 23, 1987 12:30 M					
	3. SEX	ile	4 RACE white		s DATE C	of Birth 0, 1912 YEAR	6 AGE (INYEARS LAST BIR	MONTHS YRS	OAYS	HOURS MIN.			
7		RTHPLACE (STATE OR FOREIGN COUNTRY) ent Co. Maryland	76 CITIZEN OF WH		MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY O Kent Coun	R COUNTY OF DE	ATH	MD.			
		estertown	11. NAME OF HOS (IF NOT IN SUCH FA At Home			OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Farmer	ON 126 F WORKING LIFE INC	KIND OF USTRY	BUSINESS OR			
-	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD KEE	VTY 1136	RESIDENCE BEFORE A CITY OR TOWN LESTER TO	1	13d INSIDE CITY LIMITS?	13. SIREET ADDRESS A	OX 6	84 0	21620			
1) FA	Carl Myers	WIODIE	LAST		MArgaret Yo	unger		LAST				
	16a. V	VAS DECEASED EVER IN U.S. AR		SOCIAL SECUR		17 INFORMANT	RFD ADDRE	餐 Box #	684				
		YES NO OR UNKNOWN) (IF YES GI	2.	15 36 01	0112 Elizabeth My		rs Chester	town, Md	Md.21620 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
)	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse IDI, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CON		NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WER	E FINDIN	GS USED OF DE ATH?			
	ERT	710 ACCIDENT WAS UNDERLYING	7 21b. TIME OF IN	JURY		21¢ HOW INJURY OCCUR	YES NO YES NO						
		OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DA	Y YEAR								
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY OFFICE, FA		211 LOCATION STREET	CITY OR TO	wn cc	YTMUC	STATE			
		22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no		19	or	nd that in (my) (our) opinion	, to depth occurred on the do	te ond hour and f		hat (I) (we) last ouses stated			
		27b. SIGNATURE		er dedni.		DEGREE ATTENDING PHYSICIAN E	MEDICAL STAI	F ,	2/23				
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS							
		Michael Bie	enefeld			Chestertown							
		BURIAL, CREMATION, REMOVAL	12/27/8°	7 23c. N Ch		emetery or Crematory Cemetery	23d LOCATION Chestertov	m, Md cour	IIA	STATE			
	24 F	UNERAL DIRECTOR	W201	J. W. Ches	illis terto	Wells AN	E REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATU	JRE .			



46	31	UEU
6	er death. Page 4 may be	Thursday bage 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page 4 may be animal by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely littled in the funcion decided a could be detached for use as the burial-transit permit. Then please remove carbon papers. Pages J and 2 should the little internal than its after death the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

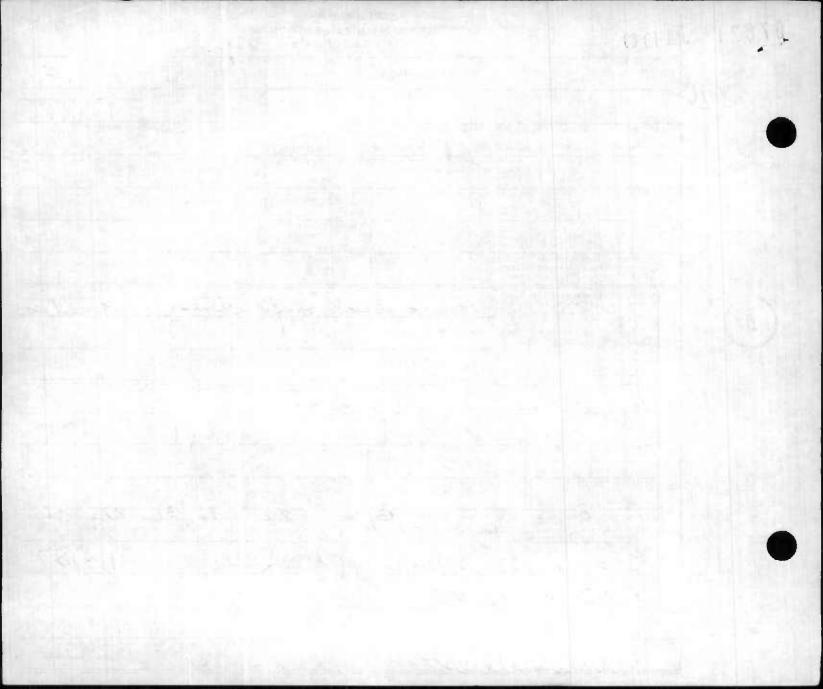
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) OWENS 12:05 A FRANCES Dec. 4, 1987 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR March 20, 1901 Female. white 86 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kent Co. Maryland USA WIDOWEDS DIVORCED [] 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Housewife & Bank Teller Magnolia Hall Nursing Center Chestertown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Kent 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Betterton Maryland P.O. Box Betterton, Md. 21610 YESXIX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Franklin CASEY Davis Harriet ADDRES P.O. Box 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 218 09 5091 Elizabeth Sutton Betterton, Maryland 21610 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 \Ab), and ic PART I. DEATH WAS CAUSED BY manai IMMEDIATE CAUSE (a AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased from that III (me) last sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) read opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN TO PHYSICIAN TO 12/4/87 ORTANT Chestertown, Md. 21620 Wavne D. Benjamin M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Still Pond Cemetery Still Pond, Maryland Burial Dec 6, 1987 RP J. Willis Wells 24 FUNERAL DIRECTOR-250. DAJE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Chestertown, Md. (VRA 15, 4)

	5	STA	ΤE	OF M	ARY	AND	
DEPART	MENT	OF	HE	ALTH	AND	MENTAL	HYGIE
	CE	RTI	FI	CATE	OF	DEATH	

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078214	Jin	-19ABB.		DEPARTA	MENT OF H	E OF MARYLAND SEALTH AND MENTAL HYS SICATE OF DEATH	8 /	3 5 0	5 3
1 31	10	ECEASED NAME ROB	ERT B. R	UST (Sr.)	451	REG. NO The DATE OF DEATH Dec. 31, 198 E. AGE (PRIVATE LAUTEBERS 80 Yrs 1 BALTIMORE CITY OR Kent The USUAL OCCUPATION Engineer Lyco - Control MUST DE Engineer P.O. BOX P.O. BOX P.O. BOX RAMINAL DISEASE OR COND 288 AUTOPSYT YES NOW URRED (PRODE TAXOUT OF AUTO- CITY OF TOW TO THE TOW CITY OF TOW CITY OF TOW TO THE TOW	MONIN DEF MAR	1 15 P
1 to 2 to 3	1.5		4 RACE		S. DATE C	The state	ALEXADA OF MITTAGENIA	PUNDER HEN	
direct Cope	175.1	Male	White	WHAT COUNTRY?		ry 15, 1907		YRS PRICOUNTY OF DEATH	
1 11 11	Pl	fla. Penna	USA		MARRIE	DENEVER MARRIED D			M
100	CI	estertown	Kent-8	Queen An	ne Ho	Spital	The USUAL OCCUPATE UPLOW PORKFORMUST D Engineer	NON REFLIGER	or susmess of ation
10 B	1.55	STATE IT NUMBERS TO THE STATE IT IS COL	MOTHER HATHUNGS INTY nt	Lynch	ADMILLACINI N	134. INSIDE CITY LIMITS? YES XX NO []			1646
A and 2 kg	0	William Tate	"Rust	LAST		15 MOTHER'S MAIDEN NA	ine Boucher		AST
Food S	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	160 01 8		Helen F. Rus		Maryland	46
face requires that it a been agreed by it remt. Then please a reprior to beyond, stre s cary (injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OF OPERATION	conditions c	Lung	DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN IN PART 1	INGS USED
physical the physical through		21a ACCIDENT WAS UNDERLYING OF CONTRIBUTING [] CAUSE OF B	HOUR A	OF INJURY		21c HOW INJURY OCCUR		YES []	№ □
SPATES STREET OF The Book	MEDICAL	THE INJURY OCCURRED WHILE IN YOR IN HOT WHILE IN HORE AT HORE IN HOT WHILE IN	The PLACE	OF INJURY	ANM. ETC.	ZII. LOCATION	(in 0410	WN COUNTY	STATE
TITAL OF ATTENDIN by the hospital or FRAL DIRECTOR At a detrothed for vise a detrothed for vise a fices Dept. of Health MT. If them 21 is also		12n.1 certify shot On this box sow the apercolog office of obove (1) was the cided of the property of the cided o	m 12 lot) view the bod		7 1	nd that in my court opinion DEGREE MATTENDING PHYSICIAN 1	death accirred on the de	In gar	tho (D(we) love course stated
O HOSPIT Trained by TO FUNER Thould be WITH the Sh		GEORGE 1	y Vo	UNG	(Chestertown	, Md. 21620		
BP		Burial CREMATION REMOVA	Jan. 3	1988 Ch	ester	Cemetery OR CREMATORY		own, Md.	STATE
DHMH - 16 60M 7/84	24.	PUNETA, DIRECTOR	1 10	ADDRESS	Willi	s Wells 250. DAT	TE REC'D. 8Y REGISTRAR	256. REGISTRAR'S SIGNA	D. Jack

DHMH - 16 60M 7/84 (VRA 15, 4)



07425

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 0 3 4

FOR STATE			DEPARTI		HEALTH AND I	MENTAL HYGIE	NE 7	6 0	3 4	
REGISTRAR	FIRST		MIDDLE		AST .	0	REG. NO.	TH DAY	YEAR 25	HOUR
(TYPE OR PRINT)	MARGAE		LIZABETH		ARKS		DEC. 2, 19		28	HOUR N
3. SEX		4. RACE		S. DATE O			AGE (IN YEARS LAST BIRTHDAY			URS MIN.
FEMAL	E	CAUC.		JUNE	9, 190	3 YEAR	84	YRS.	DATS	DURS MIN.
	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	9	BALTIMORE CITY OR CO		ATH	
PRICE. M.	ARVI.AND	/ 11	SA	WIDOWI		ORCED	KENT			MD
O CITY OR TOWN C		11. NAME OF	HOSPITAL, NURSIN THE FACILITY, GIVE STREET	IG HOME		ITUTION I	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDL	JSTRY	JSINESS OR
CHESTERTO			IA HALL N		NG HOME		HOMEMAKER	H	IOME	
USUAL RESIDENCE (130. STATE MARYLAND	136 COUP	VIY	13t. CITY OR TOW SUDLERSY	/N	134 INSIDE C	ITY LIMITS?	MAIN ST.	21668		
FATHER'S NAME FIRST WILLIA		MIDDLE	SPARK			MAIDEN NAME	MIDDLE	TODE	t AST	
160 WAS DECEASED			166 SOCIAL SECU	JRITY NO.	17. INFORMA		ADDRESS	LODE		
n/a	(IF YES, GA	VE WAR OR DATES)	220-16-7	7518	SHARON	KENDALL	RD 1 ROCK H			
18 CAUSE OF	DEATH (Enter or	nly one couse per	The far (a), (b), on	id (chi				86	APPROXIMATE TWEEN ONSE	T AND DE TH
		TE CAUSE (0)	neur	nox	OCA				W	6616
		DUE TO, O	RAS A CONSEQU	ENCE OF	1	- 01	Dent		1.	1-
Conditions, is		(b)_	Cenhr	· 141	scritiv	911	I WINI		14	
cause (o), underlying	stating the	DUE TO, Q	R AS A CONSEQU	ENCE OF					/	
	RSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE OR CONDITIO	N GIVEN IN P	ART IIa	
190 DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIC	N WAS PERFO	RMED		LIF YES, WERE CERTIFYING CA	AUSES OF I	
210. ACCIDENT V	AS UNDERLYING			WE AB	21c. HQW IN	JURY OCCURRED	LENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR P	ART 2)	
OR COLUMNIAN	G CAUSE OF DE.	Alle	M. MONTH D.	AY YEAR						
21d. INJURY O	CCURRED	21e. PLACE			211 LOCATIO	DN	CITY OR TOWN	COU	NÏY	STATE
AT WORK	NOT WHILE AT WORK			-			12/	0	7	
sow the d	eceased olive ar	11/	e deceased from 19	11.	nd that in (my)	(opinion de	oth occurred on the date a	nd hour and Ire		(I) (we) last ses stated
22b SIGNATU		ot view the body	olter deoth.	- 17	DEGREE		,	220	DATESIG	NED
6	00	les-	an	m		TTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	0 1	2-2	.87
22d. PHYSICIAI	Y'S NAME (TYPE	OR PRINT)			22e ADDRES	S				
WA	YNE BEN.	MIN M	D.		MEDICA	L OFFICE	BLDG CHESTE	RTOWN.	MD 21	1620
230 BURIAL, CREMA				NAME OF C	EMETERY OR		234 LOCATION			
(SPECIFY)		WAY 12	11.197 CU	FCTFDI	ETEID C	EMETEDV	CENTREVILLE	COUNT		STATE

24 FUNERAL DIRECTOR

NAME
FELLOWS FUNERAL HOME 370 W. CYPRESS ST. MILLINGTON, MD 2059 - 4 1987 Julia Director.

DHMH - 16 50M 4/83

(VRA 15, 4)

TO HOSPITAL

BP

24 FUNERAL DIRECTOR

IMPORTANT: If Hem 21 is morked ar Hem 18 shows any injury, or ather traumotic ever

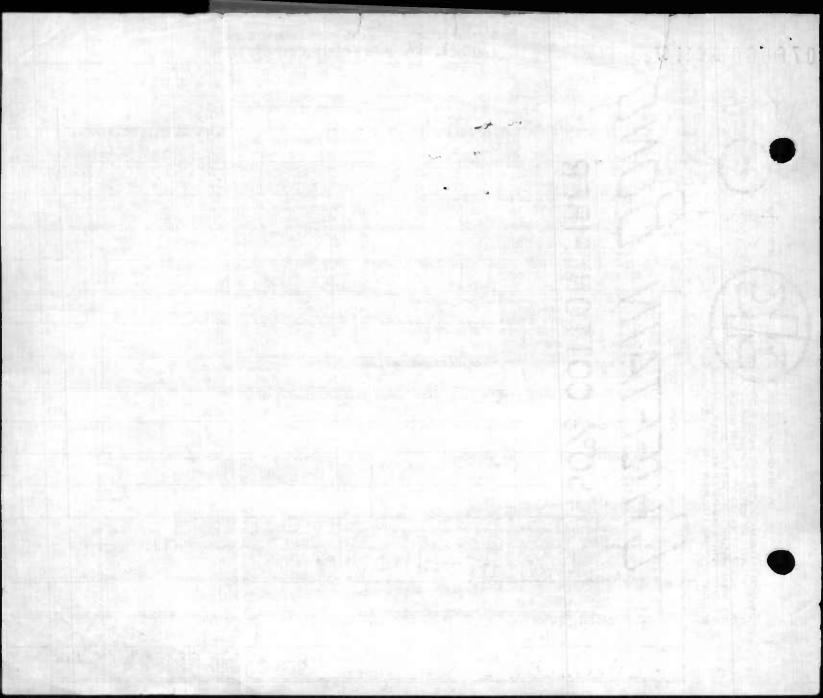
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TXX 12///87 CHERTLE HIRD CERETRY COTTREVILLE, O.A. HE

PERIODS FUNERAL HOMES 370 M. CYPUSS ST. MILLINGTON, MD 2 11

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ET, SEE	1110	TE OR PRINTS	Virgini	ia			So	uibb		- 1	OF DEATH	ESTI- MATED	×	12	1319	87	M
A PEASE I DRECTOR. YOUR FILES. STON STREET,	3 SE		hite	DATE OF BII	RTH YE.	AR LAST BIRTHD	ARS IF UN AY) MONTH		HOURS		DATE RONOUN DEAD	4CED		12	DAY	YEAR 87	11:30 am
Service Community of the Community of th		RIHPLACE (STATE OF PREIGN COUNTRY DATE		76 CITIZENO USA			8 MARRI		VER MARRIE	ED U	BALTIM		Y OR C	OUNTY			ам
	V	ITY OR TOWN OF D	7	LIE NOT IN SU	CHEACILITY G	NURSING HOM		ER INSTITUT		120 USUA	AL OCCU	KING HEET	TYPE OF V	VORK 12	OR IN	OF BUS DUSTRY	INESS
3023		Chestertov	NURSING HOME OR	near ()	pper !	Eastern S	hore	Menta	l Hosp	Ket	Kest	uran					
AND AND RETAIN	13a. S Ma	aryland	Kent	Y	13c. 0	ck Hall		YES (NSIDE CI	NO 🗆	13e STREE			210	661			
RE, MD.)4. F/	ATHER'S NAME EIRST Arth	ur Stra	ughn		LAST		15. MOTHE	R'S MAIDEI	Edna	Muri	ay			LAST		
BALTIMORE, IS AFTER DEA GIVE PAGES TITH FORM P PAGES FANI VISION OF	16e. V	NAS DECEASED EVI (E5, NO, OR UNKNOWN)	ER IN U.S. ARMI	ED FORCES? AR OR DATES)		97 12 09		John	Riggs		ach H			216	61		
BIVISION OF VITAL RECORDS, 201 W: PRESTON ST., BALTIMORE, MD. 2 201 SCRPIFICATE SHOULD BE EXECUTED WITHIN Z& HOURS AFTER DEATH. IF ANY TRITING THE WORD "PENDING" IN PROCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 FR 25 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES TAND 2 SFTOLID THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WLALIPERGORE 201 PROR TO BURIAL, CREMATION, OR REMOVAL.		18 CAUSE OF DE PART I DEATH Canditions, if gave rise to cause (a) stati	MAS CAUSED IMMEDIATE any, which mediate	BY: CAUSE (a) DUE TO	Envir , OR AS A C	(c), (b), and (c).) conmental consequence	OF	ermia							APPRO BETWEEN	XIMATE II	NTERVAL AND DEATH
RECORDS, 2011 ID BE EXECUTED PENDING" IN P MEDICAL EXA PEATH AND ME CREMATION, 1	NOI	lying cause la	Major Dep			RELATED TO INE TERM	NINAL DISEASE	OR CONDITION	I GIVEN IN PAR	Tlo							
OF VITAL RE EWORD" PE I DE EUSED A WENT OF HEA TO BURIAL, O	CERTIFICATION	190 DATE OF OPE	RATION	19b. CO	NDITION F	OR WHICH OPER	RATION W	AS PERFOR/	MED?		35				20 AUT		NO []
ON OF V		210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR	HOUR	E OF INJUR A.M. MON P.M.	NTH DAY YEAR	R	ow injury	occurred to cold) (ENTER NA	TURE OF INJ	IURY IN ITEM	18 PART 1	OR PART 2			
DIVISION THIS CERTIFIC WARDED TO WARDED TO TATE DE SEND 21201 PRIOR	MEDICAL	WHILE AT WORK AT		STREET	CE OF INJU FACTORY, EAR DODED a			TATION			city or to		Kent	CO.,	MD.		STATE
DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED PAGE 4 SHOULD BE FORWARDED PAGE 4 SHOULD BE FORWARDED PAGE 1 SH		death resulted light ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Noturo Ne Mario	F. Go]	Accident	Jelle Ir, M.D.		ASS 1 S	stant	Undeter MEDIC		AINER]. S	ATE IGNED.		/20/ MD.	/87
07/84 BP 94 7	Ē	URIAL, CREMATION SPECIFY) Surial	REMOVAL 23h	2/23, 1	.987	Wesley	Chape	1 Cemt	tery		k ^{ov} Ha.			COUNTY		STAT	E
25M DHMH - 17 (VR A15 ME (5))	24 6	UNERAL DIRECTOR	lline) 0 Class	Ches	lis Wel:	ls , Md.		DEC 3		87	R 25b RE	GISTRA	R'S 51G	ATURE	as.	



ST	ATE	0F	MA	RYL	AN	C

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DEC	2300	The same

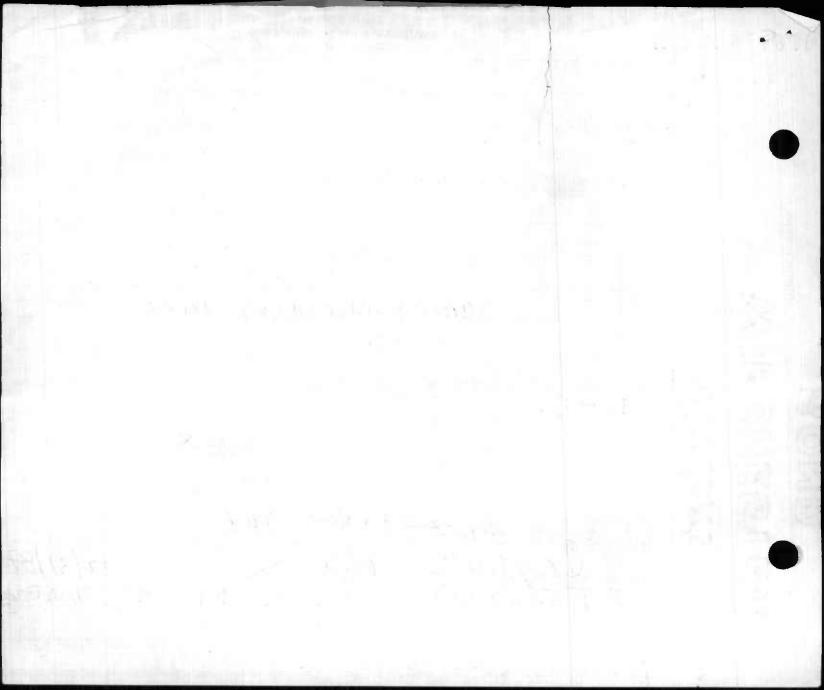
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	REGISTRAR				CERTIF	ICATE OF DEATH	0 /	REG. NO	244	9	-10	
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE O		12	31	YEAR 87	26 HOUR 1:55
		Anne		NMN	Simm							
3. SEX	Х	4	. RACE		5 DATE C			YEARS LAST BIRTH	IDAY)	IF UNDER	RIYEAR	HOURS A
	Female	- 1	whi	te	May	12, 1894	93	yrs/	YRS			
	RTHPLACE (STATE C	R FOREIGN 7	. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNT	OF DE	ATH	
Not	ingham I	England	U	SA	WIDOWE		Ke	ent				
	TY OR TOWN OF D		I. NAME OF	HOSPITAL, NUF CH FACILITY, GIVE ST Queen A	RSING HOME	PROTHER INSTITUTION Hospital	120 USUAL	OCCUPATION OF COMPANY	ON WORKING LI	FE) IND	KIND O	F BUSINES:
130 S	AL RESIDENCE (# NI STATE aryland	IRSING HOME OR O 138 COUNT Queen	Υ .	130 CITY OR TO	OWN	13d INSIDE CITY LIMITS? YES	RFD K	ADDRESS ingsto	wn	2162	0	
TA. FA	ATHER'S NAME FIRST John	Corne	роце У	LAST		15. MOTHER'S MAIDEN NA	_{AME} izabet	h Leat	here	r	LAST	ī
	VAS DECEASED EVI			16b. SOCIAL S	ECURITY NO.	17. INFORMANT	Ρ.Ω	. BOX	\$ 46	8		
	YES, NO OF UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	142 54	8366	Walter Simmo		k Hall			nd '	21661
	18 CAUSE OF DEA	TH (F-A-, and		- Car factor this			NOC	K HOLL	1101	1	APPROXI	MATE INTERV
NOIL	PART 2 OTHER SIGNAL CANT CONDITIONS CONTRIBUTING TO DE											
CERTIFICATION	190 DATE OF OPER	AHON	196 COND	OITION FOR WH	ICH OPERATIO	N WAS PERFORMED	YES [NO NO	IN CERTI			OF DEATH
	218. ACCIDENT WAS LOR CONTRIBUTING	CAUSE OF DEATI		OF INJURY M. MONTH	DAY YEAR	71c HOW INJURY OCCU	RRED (ENTER NA	ATURE OF INJURY	Y IN ITEM 18	PART I OR I	PART 2)	
MEDICAL	214 INJURY OCCU		21e. PLACE	OF INJURY IREET, FACTORY, OFF		211 LOCATION STREET	, 1-7	CITY OF TOW	VN	cou	UNTY	STA
	220.1 certify that sow the dece above, (1) (we		1211	1/2/		nd that in (my) (our) opinion	1437	ed on the do	te ond hou	19 ur and fr		that (I) (we
	22b. SIGNATURE	110	Mu	elle	P	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		220	2	SIGNED 3
	22d. PHYSICIAN'S	TAME ITTE OF	JA.	UEK		1095-CC	seme	PCE	5	TC	EL	ME
23o B	BURIAL, CREMATION	N, REMOVAL	23b. DATE 1/5/1			emetery or crematory ood Cemetery	23d LOC Ph"	ATION ICATIONN P	a.	COUNT	TY	Sta
24 F	UNERAL DIRECTOR	list 1) 000	ADDRE	willi hestert		NO6	1988	ISH REGIS	TRARIE S	IGNAT	of Land

J. Willis Wells Chestertown, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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3 4 3 4 2000

DEC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

í	1-	FOR STATE REGISTRAR	0	DEPARTMENT OF H	EALTH AND MENTAL HYG	IENE 7 REG. N	3 6	0 3	7
	TORG	EASED NAME FIRST	WIDDLE		IAST	2a. DATE OF DEATH	MONTH DAT	Y YEAR	2b HOUR
	AL LAAF	Haro	ld Thobo	uirn III	nderwood		11-29	-87	2:30 M
	3.563		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		male	white	reb.		77	YRS	NIHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOWI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		F DEATH	MD.
)	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF	BUSINESS OR
		estertown	The Kent&Q	ueen Ani	ne's Hospita	1 An Accou			Industry
	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU ryland Kei	INTY 13c. CITY	OR TOWN Stertown	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 119 School	ZIP CODE Road	2162	0
)	14 FA	John R. Une	MIDDLE derwood	LAST	15. MOTHER'S MAIDEN NAM Maude Alle		20	LAST	
1		VAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMANT	ADDR	ESS119 S	chocl 1	Road
1	No	(ES, NO OR UNKNOWN) (IF YES, G	215	09 4132	Hazel Bupp U	nderwood	Chest	ertown	, Md.
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly ane cause per line far (a ED BY: ATE CAUSE (a)	ol, (b) and ici.	latory C	olapse.		BETWEEN OF	NATE INTERVAL
	NO	gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 110	
5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES (GS USED OF DEATH?
1000	155201	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI	EATH HOUR A.M. MON		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	TIORPART?)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR 10)WN	COUNTY	STATE
		22e I certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did) (did n		10 57 0	nd that in (my) (our) apinion o	death occurred an the d	ate and haur c	/	hat (1) (we) last auses stated
		276. SIGNATURE	aum		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22¢ DATE S	SU187
		27d. PHYSICIAN'S NAME PE	aumau	u	MEDICATE B	209-9	rester	town	und
2	23a B	BURIAL, CREMATION, REMOVA ISPECIFY) UTIAL	12/1/87		CEMETERY OR CREMATORY C Cemetery	Chesterto	own, Md.	°°21620	STATE
7	74.50	ERAL DIRECTOR	10,00	Chesterto	1464	OS SOL	SIN REGISTRA	AR'S SIGNATU	JRE .

Chestertown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT.

BEC 02 1387. J. San Lindon Montage

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

REG. NO. U	5	-
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		REGISTRAR				· CLIVI	IIICAIL OI DEATH	REG. NO.	V	O s	7 13
		CEASED NAME	FIRST		MIDDLE	4	LAST	20 DATE OF DEATH MONTH		YEAR	26 HOUR A
9	(TYPE	OR PRINT)	HELEN I	MARSCH	ELL	WAUGH		December 8, 1	987		6
	3. SEX			RACE			OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)		NDER I YEAR	IF UNDER 24 HRS
-		Female	1	white		Marc	h 25, 1913	74	YRS MONT	HS BATS	HOURS MIN
/		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COU	NTRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY OR CO		DEATH	
		Jersey		USA			VED TO DIVORCED	Kent Co.			N
N	10 CF	TY OR TOWN OF DEAT				NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	1	26. KIND OF	F BUSINESS C
1	Ch	estertown	1	Magnol	ia Ha.	ll Nurs:	ing Center	Housewife	ING LIFE) I II	NDUSIKI	
1.	130 S	AL RESIDENCE (IF NURSIN	GHOME OF OTH	ER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION	\$ 13d INSIDE CITY LIMITS?	124 STREET ADDRESS / 7ID	CODE 2.1	610	7 24
5	Ma	ryland	Kent		Bette:	rton	YES XX NO	13 STREET ADDRESS / ZIP	CODE Z I	010	
X	I4 FA	THER'S NAME	MIDE) E	LA	ST.	15. MOTHER'S MAIDEN NA			t AST	11-11-1
		Henry J.	Marscl	hell			E11a	Schnoor		LASI	
6		VAS DECEASED EVER IN	U.S. ARMEL		166 SOCIA	L SECURITY NO	17 INFORMANT	ADDRESS			
£	n		(IF TES, GIVE WA	K OK DATES	080	18 9726	THe Deceased	while living			
	2	18 CAUSE OF DEATH	Enter only o	ne couse pe	ne for rol,	(b), and (c)			L	BETWEENO	MATE INTERVAL
		PART I. DEATH WA	S CAUSED B'	AUSE (o)	neu	moni	A			3-4	deve
				DUE TO O	R AS A CON	ISEQUENCE OF					/
		Conditions, if ony,		(b) C	OP	1)					
		gove rise to imme couse (a), stating	the 1	DUE TO, O	R AS A CON	ISEQUENCE OF					
		underlying couse	lost.	(c)				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	,			DITIONS CO	ONTRIBUTIN	G TO DEATH BE	IT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN I	N PART 10	
	CERTIFICATION	seve		Rhe	hma	hid	Orthuins				
	ICA	190 DATE OF OPERATIO	NC	196 COND	ITION FOR V	VHICH OPERAT	ON WAS PERFORMED			RE FINDING CAUSES	GS USED OF DEATH?
2	KTIF			1 1 1 1				YES NO	YES [NO 🗌
7		210. ACCIDENT WAS UNDER		11b. TIME C HOUR A.		H DAY YEA	R 21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART 1	OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDICA	L EXAMINER)	P.		19					
	MEDICAL	21d INJURY OCCURRE		21e PLACE		OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		AT WORK AT WORK						- / 6		77.7%	
		220 I certify that (I) (&		ottended th	e deceosed	50 0	19 77			e- (hot (1) (we) lo
		sow the deceosed obove, (I) ((did not) vi	ew the body	ofter deoth.	19 0 7 .		death accurred on the date on	d hour one		
		226. SIGNATURE	61				DEGREE ATTENDING	MEDICAL STAFF		22c DATES	IGNED -
,		27d. PHYSICIAN'S NAM	1 Je	7/40	- "	10.	PHYSICIAN [DIRECTOR PHYSICIAN		12/0	101
		Wayne D.		- /			Chestertown	,Md. 21620			
4	00			•		I an					
	- (URIAL, CREMATION, RE		36. DATE 12/9/8	7		CEMETERY OR CREMATORY	y Wilmington,	Do 1 ^{co}	UNIY	STATE
	C	remation		17/2/0) /	privel	prook Cremator	A L MITHITHE COIL	DGT.		

DHMH - 16 60M 7/B4

should be defoched for use as the buriol-tronsit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this

J. Willis Wells Chestertown, Md.

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OF 1 4 1987 Julia Decider Radice

